

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	7		
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	TH	953	9-2-0 06-04-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 — (Through numeral)... Canceled
 -+ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	
Original	
1	2-4-21
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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